

FILED

OCT 2 2007

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Dear Sir/Ma'am,

9-27-07

WALTER REDMOND

this is regarding case # C 07 4276 CW (PR)
civil rights violation 42 U.S.C. 1983-1985
filed about 6 weeks ago in Rm 396. The O.C.C.
is currently investigating this matter, and
the A.C.L.U. is monitoring progress also. I am
respectfully requesting an attorney through the
courts, for the reasons stated in the "Motion
for the appointment of Counsel. Again case #
C 07 4276 CW (PR)

P.S. Ultimately, I want a
Class Action litigation
lawsuit and therefore
need Counsel urgently.

Sincerely

Walter Redmond

9-27-07

Type of Grievance (Place an X in the corresponding category)		Date / Time: 8-18-07 1430
<input checked="" type="checkbox"/> Medical Services <i>NEED TO SEE DOCTOR FOR MY NECK AND BACK.</i>		Facility: CJ 5
<input type="checkbox"/> Classification	<input checked="" type="checkbox"/> Jail Medical Services	Deputy / Star# CHEN 1416
<input type="checkbox"/> Psych Services	<input type="checkbox"/> Food Services	Code
<input type="checkbox"/> Telephone	<input type="checkbox"/> Other	Log Number 207149

Prisoner's Name: WALTER REDMOND Jail # 5 @ BRUNO Cell # 4B17

Grievance (Please be specific: time, date, etc.) I HAVE BEEN HAVING NECK PAINS AGAIN, FROM MY NECK BEING TWISTED AT MY ARREST, ON 7-15-07 WHEN THE POLICE PUT ME IN A "FULL NELSON" CHUKE-HOLD, AND CAUSED ME TO PASS COMPLETELY OUT! I WAS TAKEN DIRECTLY TO SAN FRANCISCO GENERAL HOSPITAL, BEFORE BEING ARRESTED, BECAUSE I COULD HARDLY MOVE MY NECK. THEY ASSUMED I HAD SWALLOWED DRUGS, AND TO THEIR SURPRISE, AND SHOCK, I HAD NOT! I WAS HURT, AND NOW MY NECK AGAIN IS STARTING TO HURT AT NIGHT, ALONG WITH BACK PAINS, I NEED TO SEE THE NURSE PRACTITIONER AGAIN, I NEED STRONGER MEDS AND I WOULD LIKE A NECK BRACE. I ALREADY HAD MY ATTORNEY FILE A FEDERAL WRIT OF HABEAS CORPUS @ 450 GOLDEN GATE AVE., ALSO FILED WITH THE O.P.C. - OFFICE OF CITIZENS COMPLAINTS, AND THE CONTROLLER'S OFFICE ALSO HAS A COMPLETED COMPLAINT FORM. MY NECK IS HURTING NIGHTS AND I'VE BEEN TO GENERAL, I'VE SENT FOUR GRIEVANCES.

Prisoner's Signature Walter Redmond E-17-07

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature Walter Redmond E-17-07

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response:

Signature: _____ Date: _____
Prisoner's Signature: _____ ☐ Satisfied With Response ☐ Prisoner Appeal
Supervisor's response: Hello Mr Redmond, You are scheduled for the Trauma clinic at San Francisco General Hospital for your medical problems. Thank you

Signature: [Signature] Date: 08/20/07
Prisoner's Signature: _____ ☐ Satisfied With Response ☐ Prisoner Appeal
Facility Commander response: _____

Signature: _____ Date: _____ ☐ Upheld Grievance Response

San Francisco County Jail Facility

Prisoner Grievance Form (URGENT)

8-16-07

Type of Grievance

(Place an X in the corresponding category)

Classification
Psych Services
Telephone

MED. CLINIC, URGENT
8-16-07
NECK HURTS NEED
Jail Medical Services TO SEE
Food Services DOCTOR.
Other

Date / Time:

Facility:

Deputy / Star#

Code

Log Number

807148

2324794

2A-17

Prisoner's Name: WALTER REDMOND

Jail # C.I.#1 6th Fl.

Cell # 3 DORM

Grievance (Please be specific: time, date, etc.) MY NECK HAS STILL BEEN VERY SORE AND I AM IN PAIN A NIGHT WHEN TRYING TO SLEEP AS WELL AS IN THE DAYTIME. THIS IS THE SECOND GRIEVANCE FORM I HAVE SENT TO THE MEDICAL CLINIC, ALONG WITH SEVERAL ACTION REQUESTS WITH NO RESPONSE AT ALL. I WAS CHOKED-OUT LITERALLY @ MY ADDRESS, PUT IN A FULL NELSON, ALMOST SHIPPED MY NECK THINKING I HAD SWALLOWED DRUGS, WHICH THEY DID NOT RECOVER. BECAUSE I HAD NONE, IT WAS A SUNDAY MORNING - ILLEGITIMATE NARCO AGENTS, I'M FROM SALT LAKE CITY, UT. I HAVE NECK PAINS, VERY STIFF, AND I NEED A BRACE TO KEEP IT POSITIONED AS NOT TO HURT, ALSO PAIN MEDS. I WAS TAKEN DIRECTLY TO THE HOSPITAL WHEN I ARRIVED DOWN STAIRS, WAS AT S.F. GENERAL 8 HOURS REGARDING MY NECK, AND BACK. I AM STILL IN SEVERE PAIN AT NIGHT AND HAVE NOT BEEN SEEN REGARDING THIS MATTER. WAS SEEN @ S.F. GENERAL 7-15-07

Prisoner's Signature Walter Redmond

8-16-07

LEED MEDS

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature

Walter Redmond

8-16-07

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response:

Mr Redmond

You have a follow-up appt @ SFCH

Signature:

[Signature]

Date:

8-21-07

Prisoner's Signature:

☐ Satisfied With Response☐ Prisoner Appeal

Supervisor's response:

Signature:

Date:

Prisoner's Signature:

☐ Satisfied With Response☐ Prisoner Appeal

Facility Commander response:

Heck Mr. Redmond, your clinic appt with SFCH is scheduled. I agree with the Nurse Manager reply above. Thank you

Signature:

Original (Facility Copy)

Date:

08/27/07

Gold (Response To Prisoner)

☒ Upheld Grievance Response

Pink (Prisoner Copy)

San Francisco County Jail Facility

Prisoner Grievance Form

FOR: MEDICAL CLINIC @
KIRKMAN STAFF
8-13-07
URGENT

Type of Grievance

(Place an X in the corresponding category)

Classification
Psych Services
Telephone

☒ Jail Medical Services
☒ Food Services
☐ Other

Date / Time: 08-13-07 1353 hrs
Facility: CSI
Deputy / Star#: ANASSE #11911
Code: A
Log Number: 6M4B17
2A-17

Prisoner's Name: WALTER REDMOND Jail # 5 C.I.T.#5 Cell # 3 DORM/TANK

Grievance (Please be specific: time, date, etc.) I AM DIABETIC, IN YOUR COMPUTER, AND I HAVE JUST COME - BRING BRIDAY 8-10-07, AND THE KITCHEN HAS REPEATEDLY NEGLECTED TO GIVE ME MY DIET TRAY @ EVERY MEAL TIME HERE ON THE 6TH FLOOR. I HAVE TALKED TO DEPUTIES NUMEROUS TIMES AND MOST OF THEM COULD CARE LESS, AND GIVE ME SOME STUFF THAT I CAN SEE RIGHT THRU, BEING A COLLEGE GRADUATE, AND 50 YEARS OLD WITH 20 YEARS RABLE STUDY UNDER MY BELT, AND I DRIVE OVER-THE-ROAD AS A TRUCK DRIVER, 3 YEARS. I'M WELL EDUCATED, AND KNOW WHEN A PERSON LIES ABOUT SOMETHING, MOST OF THE TIME, AND IT'S EASY WITH THESE UNEDUCATED DEPUTIES TELLING ME THEIR GONNA COME INTO MY DIET TRAYS, AND THEY DON'T. IT'S JUST FAST TALK, AND INSULTS MY INTELLIGENCE, MOST OF THEM ONLY A HIGH SCHOOL EDUCATION... I NEED MY DIET TRAYS, AND SUPPORT, SPACE LUNCH FOR NIGHTS (THAT'S NOT MUCH)

Prisoner's Signature: Walter Redmond 8-13-07

Must be signed for all Medical / Psychiatric Grievances. I hereby authorize Jail Health Services to disclose information contained in my records which pertain to the above complaint to the Sheriff's Department.

Prisoner's Signature: Walter Redmond 8-13-07

Note: After you have finished and signed this form, take your PINK copy for your records.

Staff member's response: ANASSE #11911

TO BE FORWARDED TO MEDICAL OFFICE

Signature: [Signature]

Date: 08-13-07

Prisoner's Signature:

☐ Satisfied With Response

☐ Prisoner Appeal

Supervisor's response:

Signature:

Date:

Prisoner's Signature:

☐ Satisfied With Response

☐ Prisoner Appeal

Facility Commander response:

Hello Mr. Redmond, please read reply attached. Thank you.

Signature: [Signature]

Date: 08/17/07

☒ Upheld Grievance Response

Original (Facility Copy)

Gold (Response To Prisoner)

Pink (Prisoner Copy)